

## STATE OF NEW HAMPSHIRE DEPARTMENT OF ENVIRONMENTAL SERVICES WASTE MANAGEMENT DIVISION

PO Box 95, 29 Hazen Drive, Concord, NH 03302-0095

(603) 271-2942 ~or~ TOLL FREE (In-State Only): (866) HAZWAST ~or~FAX #: (603) 271-0869

## **Application For Hazardous Waste Coordinator Certification**

Please Print Clearly (Name Printed will be on Certificate)

NOTE: WHEN REGISTERING AT THE TRAINING SITE, APPLICANTS WILL BE REQUIRED TO SHOW PHOTO IDENTIFICATION.

One application per Hazardous Waste Coordinator

8	a.	Current Certification # (Number can be found on your certificate)	<b>2003-</b> ~on	r~ ☐ New Applicant	
ł	b.	Name:		_	
		<u>LAST</u> Name	<u>FIRST</u> Name	<u>MIDDLE</u> Initial	
(	c.	Business Mailing Address:			
		City	State	Zip	
	d.	Business Phone #:	*Business Fax #:		
*	In the event that we need to contact you for further class verification, directions etc., please provide as much information as possible				
•	e.	*Business Email Address: (Preferred Method of Contact)	Please check here if you do <b>NOT</b>	wish to have this email given out	
<b>2</b> . <u>1</u>	EDUCATION & HAZARDOUS WASTE MANAGEMENT EXPERIENCE:				
a	a.	How many years of experience do you have in Hazardous Waste Management?			
ł	b.	Please describe the hazardous waste management training you have had in the last 2 years.			
C	c.	Highest school grade completed:			
C	d.	Degrees:			
3.	<u>GE</u> I	ENERATOR: (Transporters/Consultants- please put N/A)			
a	a.	Name of Company:			
ł	b.	Generator Status (please check one): Full Quantity	Generator Small Quanti	ty Generator	
C	c.	EPA ID # of Facility (can <u>NOT</u> process without this information): (1 ONLY)			
C	d.	Address Site Location of Facility:			
e	e.	Do you have a current Hazardous Waste Coordinator certified by our department?   YES  NO			
		If YES, Name of Coordinator: Current Certification #:			
4.	TRAINING DATE REQUEST: You will be contacted only if the class you chose is full.				
(	Cho	*Location:  *Directions and other various information can be found at: http://www.des.nh.gov/HWCS/HWCCert/			
<b>)</b>			-		
oate:		Signature of Applicant:	(Can	<u>NOT</u> Process without this,	
		Please enclose a check or money order (\$125.00 per app "Treasurer, State of New Hampshire". The Ap		yable to	
	<u> </u>	Use Only:		\$125.00 Initial:	

Certification Date:

Cert. #

□Lunch? □Paid?